



United States  
Environmental Protection Agency  
Washington, DC 20460

Received

12/12/05  
830

Notification for Underground Storage Tanks

State Agency Name and Address:

STATE USE ONLY

ID NUMBER: SALT043

DATE RECEIVED:

DATE ENTERED INTO COMPUTER:

DATA ENTRY CLERK INITIALS:

OWNER WAS CONTACTED TO CLARIFY RESPONSES, CO

TYPE OF NOTIFICATION

☒ A. NEW FACILITY ☐ B. AMENDED ☐ C. CLOSURE

Number of tanks  
at facility

Number of continuation sheets attached

INSTRUCTIONS AND GENERAL INFORMATION

Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.

The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

**Who Must Notify?** Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).

**What USTs Are Included?** An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").

**What Tanks Are Excluded From Notification?**

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less cap for noncommercial purposes;
- Tanks storing heating oil for use on the premises where;
- Septic tanks;
- Pipeline facilities (including gathering lines) regulated Pipeline Safety Act of 1968, or the Hazardous Liquid 1979, or which is an intrastate pipeline facility regulated;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or waste water collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related production and gathering operations;
- Tanks on or above the floor of underground areas, such as tunnels;
- Tanks with a capacity of 110 gallons or less.

**What Substances Are Covered?** The notification requires containing petroleum or certain hazardous substances: gasoline, used oil, diesel fuel, crude oil or any fraction at standard conditions of temperature and pressure (60 degrees Fahrenheit, 14.7 pounds per square inch absolute). Hazardous substances found in Section 101 (14) of the Comprehensive Environmental Compensation and Liability Act of 1980 (CERCLA), with substances regulated as hazardous waste under Subtitle

**Where To Notify?** Send completed forms to:

**When To Notify?** 1. Owners of USTs in use or that have operation after January 1, 1974, but still in the ground, after 1986. 2. Owners who bring USTs into use after May 8, 30 days of bringing the UST into use. 3. If the State requires amendments to facility, send information to State agency.

**Penalties:** Any owner who knowingly fails to notify or shall be subject to a civil penalty not to exceed \$11,000 notification is not given or for which false information is

I. OWNERSHIP OF UST(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

VENTURA MARKET LLC

Street Address

9211 E Via De Ventura

County

MARICOPA

City

Scottsdale

State

AZ

Zip Code

85258

Phone Number (Include Area Code)

II. LOCATION OF UST(s)

If required by State, give the geographic location of USTs by degrees and minutes. Example: Latitude 42° 36' 12" N, Longitude 85° 24' 30" W

Latitude

Longitude

Facility Name or Company Site Identifier, as applicable

VENTURA MARKET CHEVRON

☐ If address is the same as in Section I, check the box and print address below:  
Street Address

County

MARICOPA

City

SCOTTSDALE

State

AZ



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### Notification for Underground Storage Tanks

#### III. TYPE OF OWNER

- ☐ Federal Government  
☐ State Government ☐ Commercial  
☐ Local Government ☒ Private

#### IV. INDIAN COUNTRY

USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.



USTs are owned by a Native American nation or tribe.



Tribe or Nation where USTs are located

**SALT RIVER PIMA-MARIKOPA  
INDIAN COMMUNITY**

#### V. TYPE OF FACILITY

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad               | <input type="checkbox"/> Trucking/Transport    |
| <input type="checkbox"/> Petroleum Distributor  | <input type="checkbox"/> Federal - Non-Military | <input type="checkbox"/> Utilities             |
| <input type="checkbox"/> Air Taxi (Airline)     | <input type="checkbox"/> Federal - Military     | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Aircraft Owner         | <input type="checkbox"/> Industrial             | <input type="checkbox"/> Farm                  |
| <input type="checkbox"/> Auto Dealership        | <input type="checkbox"/> Contractor             | <input type="checkbox"/> Other (Explain) _____ |

#### VI. CONTACT PERSON IN CHARGE OF TANKS

Name: Job Title: Address: Phone Number:

**MARK MCDOWELL**

**MANAGER**

**9211 E Via De Ventura  
AZ 85258**

**480 362 1588**

#### VII. FINANCIAL RESPONSIBILITY

☒ I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:

Check All that Apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Self Insurance                  | <input type="checkbox"/> Guarantee        | <input type="checkbox"/> State Funds                   |
| <input checked="" type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond      | <input type="checkbox"/> Trust Fund                    |
| <input type="checkbox"/> Risk Retention Group            | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method (describe) _____ |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test |  |

#### VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

**MARK MCDOWELL**

Signature

#### Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed, reviewing existing information, and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 1200 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix A.

EPA Form 7530-1 (Rev. 11-98) Electronic and paper versions acceptable.  
Previous editions may be used while supplies last.



### Notification for Underground Storage Tanks

#### IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2A</u>	Tank No. <u>2B</u>	Tank No. _____
<b>1. Status of Tank</b> (check only one)      Currently In Use Temporarily Closed Permanently Closed	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2. Date of Installation</b> (month/year)				
<b>3. Estimated Total Capacity</b> (gallons)	<u>20,000</u>	<u>12,000</u>	<u>8,000</u>	
<b>4. Material of Construction</b> (check all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Coated and Cathodically Protected Steel Composite (Steel Clad with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Excavation Liner Double Walled Polyethylene Tank Jacket Concrete Unknown If Other, please specify here  Check box if tank has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
<b>5. Piping Material</b> (check all that apply)      Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
<b>6. Piping Type</b> "Safe" Suction (no valve at tank) (Check all that apply)      "U.S." Suction (valve at tank) Pressure Gravity Feed Check box if piping has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2A</u>	Tank No. <u>2B</u>	Tank No. <u>  </u>				
<b>7. Substance Currently Stored (or last stored in the case of closed tanks)</b> ( Check all that apply)								
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
If Other, please specify here								
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
CERCLA name and/or								
CAS number								
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Please specify here								
<b>8. Release Detection</b> (check all that apply)	<b>TANK</b>	<b>PIPE</b>	<b>TANK</b>	<b>PIPE</b>	<b>TANK</b>	<b>PIPE</b>	<b>TANK</b>	<b>PII</b>
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detectors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed by implementing agency (such as SIR)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Please specify other method here								
<b>9. Spill and Overfill Protection</b>								
Overfill device installed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Spill device installed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	



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Tank Identification Number \_\_\_\_\_ Tank No. 1 Tank No. 2A Tank No. 2B Tank No. \_\_\_\_\_

X. CLOSURE OR CHANGE IN SERVICE

1. Closure or Change in Service

Estimated date the UST was last used for storing regulated substances (month/day/year)

Check box if this is a change in service

☐☐☐☐

2. Tank Closure

Estimated date tank closed (month/day/year)  
(check all that apply below)

Tank was removed from ground

☐☐☒☐

Tank was closed in ground

☐☐☐☐

Tank filled with inert material

☐☐☐☐

Describe the inert fill material here

3. Site Assessment

Check box if the site assessment was completed

☐☐☐☐

Check box if evidence of a leak was detected

☐☐☐☐

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 31, 1998)

Installer Of Tank And Piping Must Check All That Apply:

Installer certified by tank and piping manufacturers

☒☒☒☐

Installer certified or licensed by the implementing agency

☒☒☒☐

Installation inspected by a registered engineer

☐☐☐☐

Installation inspected and approved by implementing agency

☒☒☒☐

Manufacturer's installation checklists have been completed

☒☒☒☐

Another method allowed by State agency  
if so, please specify here

☐☐☐☐

Signature of UST Installer Certifying Proper Installation of UST System

MICHAEL J FRYE  
Name

V.P.

Position

Michael J Frye  
Signature  
FRYE CONSTRUCTION, INC.

Company

8 Nov 05  
Date